
MEMORANDUM

DATE: August 6, 1997

TO: Bob Tomko
Mail Code: C01-Q6C-9-20

FROM: Kim Nichols *Kim*
McDonnell Douglas Realty Company
4060 Lakewood Blvd., 6th Floor
Long Beach, CA 90808-1700
(562) 627-3075

SUBJECT: C-6 Facility

Enclosed please find additional original Hazardous Waste Manifest documents (6) .

NO. 008923

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME <u>MCDONNELL DOUGLAS</u>		EPA I.D. NO.	NOT REQUIRED
ADDRESS <u>1414 DENKER ST.</u>		PROFILE NO.	1R97-017
CITY, STATE, ZIP <u>TORRANCE, CA.</u>		PHONE NO. ()	
CONTAINERS: No. _____ VOLUME _____ WEIGHT _____			
TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUMS <input type="checkbox"/> CARTONS <input type="checkbox"/> OTHER _____			
WASTE DESCRIPTION <u>NON HAZARDOUS SOIL</u>		GENERATING PROCESS <u>SITE INVESTIGATION</u>	
COMPONENTS OF WASTE		COMPONENTS OF WASTE	
1. _____	PPM _____ % _____	5. _____	PPM _____ % _____
2. _____	PPM _____ % _____	6. _____	PPM _____ % _____
3. _____	PPM _____ % _____	7. _____	PPM _____ % _____
4. _____	PPM _____ % _____	8. _____	PPM _____ % _____
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____			
HANDLING INSTRUCTIONS: <u>WEAR APPROPRIATE SAFETY GEAR WHEN HANDLING.</u>			
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.		TYPED OR PRINTED FULL NAME & SIGNATURE <u>John Marozzo</u> DATE <u>8-1-97</u>	

TRANSPORTER

NAME <u>BUC FALCON SPECIAL WASTE SERVICES</u>		EPA I.D. NO.	CA000017557
ADDRESS <u>2531 EAST 67TH STREET</u>		SERVICE ORDER NO. _____	
CITY, STATE, ZIP <u>LONG BEACH, CALIFORNIA 90805</u>		PICK UP DATE _____	
PHONE NO. <u>(310) 633-4400</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>RUDY GONZALEZ</u> DATE <u>8-1-97</u>	
TRUCK, UNIT, I.D. NO. <u>004</u>		DATE _____	

TSD FACILITY

NAME <u>CUNNINGHAM DAVIS</u>		EPA I.D. NO.	CA0000131175
ADDRESS <u>2555 GLEN HELEN PARKWAY</u>		DISPOSAL METHOD	
CITY, STATE, ZIP <u>DEWIRE, CA 92407</u>		<input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____	
PHONE NO. <u>(909) 549-1100</u>		TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____	

GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/Q		RT/CD	HWDF	

DISCREPANCY

NO. 008929

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME <u>MCDONNELL DOUGLAS</u>		EPA I.D. NO.	NOT REQUIRED
ADDRESS <u>1414 DENKER ST.</u>		PROFILE NO.	1R97-017
CITY, STATE, ZIP <u>TORRANCE, CA.</u>		PHONE NO. <u>()</u>	
CONTAINERS: No. _____ VOLUME _____		WEIGHT <u>23704</u>	
TYPE: <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DRUMS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> OTHER <u>End dump.</u>			
WASTE DESCRIPTION <u>NON HAZARDOUS SOIL</u>		GENERATING PROCESS <u>SITE INVESTIGATION</u>	
COMPONENTS OF WASTE		COMPONENTS OF WASTE	
1. _____	PPM _____ % _____	5. _____	PPM _____ % _____
2. _____	PPM _____ % _____	6. _____	PPM _____ % _____
3. _____	PPM _____ % _____	7. _____	PPM _____ % _____
4. _____	PPM _____ % _____	8. _____	PPM _____ % _____
PROPERTIES: pH _____ <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> SLUDGE <input type="checkbox"/> SLURRY <input type="checkbox"/> OTHER _____		JOB # <u>10447</u>	
HANDLING INSTRUCTIONS: <u>WEAR APPROPRIATE SAFETY GEAR WHEN HANDLING.</u>			
THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.		TYPED OR PRINTED FULL NAME & SIGNATURE <u>John Moraw</u> DATE <u>8-1-97</u>	

TRANSPORTER

NAME <u>BDC FALCON SPECIAL WASTE SERVICES</u>		EPA I.D. NO.	CHP000017657
ADDRESS <u>2531 EAST 67TH STREET</u>		SERVICE ORDER NO. _____	
CITY, STATE, ZIP <u>LONG BEACH, CALIFORNIA 90805</u>		PICK UP DATE <u>8/1/97</u>	
PHONE NO. <u>(310) 633-4400</u>		DATE <u>8-1-97</u>	
TRUCK, UNIT, I.D. NO. <u>✓ 6-008</u>		TYPED OR PRINTED FULL NAME & SIGNATURE <u>Loon Marapian</u> DATE _____	

TSD FACILITY

NAME <u>CUNNINGHAM DAVIS</u>		EPA I.D. NO.	CHP000131178	
ADDRESS <u>2555 GLEN HELEN PARKWAY</u>		DISPOSAL METHOD		
CITY, STATE, ZIP <u>DEVORE, CA 92407</u>		<input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER _____		
PHONE NO. <u>(909) 549-1100</u>		TYPED OR PRINTED FULL NAME & SIGNATURE _____ DATE _____		
GEN	OLD/NEW	L	A	TONS
TRANS		S	B	
C/O		RT/CD	HWDF	
NONE				